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Apr 20, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001493

1. Corporation Name
SOCIEDAD INTERAMERICANA PARA LA LIBERTAD DE LA EXPRESION COMERCIAL, INC.

Principal Place of Business C/O CPW + J 821 FIFTH AVENUE SOUTH, #201 NAPLES FL 34102 US	Mailing Address C/O CPW + J 821 FIFTH AVENUE SOUTH, #201 NAPLES FL 34102 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 03/18/1996	4. FEI Number 65-0650377	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent CARMICHAEL, KEVIN 821 FIFTH AVENUE SOUTH, #201 NAPLES FL 34102	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE GONZALEZ-LLORENTE, JOSE M	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	501 MILLER ROAD	1.2 NAME	
STREET ADDRESS	CORAL GABLES FL 33146	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE BELLOLIO, PATRICIO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C/O CPW + J, 821 5TH AVENUE S., #201	2.2 NAME	
STREET ADDRESS	NAPLES FL 34102	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE NIETO, ENRIQUE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C/O CPW + J, 821 5TH AVENUE S., #201	3.2 NAME	
STREET ADDRESS	NAPLES FL 34102	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE TERAN, JOSE ALBERTO	4.1 TITLE	IGNACIO MONTENEGRO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C/O CPW + J, 821 5TH AVENUE S., #201	4.2 NAME	C/O CPW + J, 821 5TH AVE. S. #201
STREET ADDRESS	NAPLES FL 34102	4.3 STREET ADDRESS	NAPLES FL. 34102
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE VEGAS, RAFAEL	5.1 TITLE	GERARDO ESCALONA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C/O CPW + J, 821 5TH AVENUE S., #201	5.2 NAME	C/O CPW + J, 821 5TH AVE. S. #201
STREET ADDRESS	NAPLES FL 34102	5.3 STREET ADDRESS	NAPLES FL. 34102
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Spillo* **JOSE M. GONZALEZ-LLORENTE** April 12, 99 (305) 661-8040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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